South Carolina Department of Social Services Office of Child Care Licensing

VIRTUAL INSPECTION VISIT FOR REGISTERED FAMILY CHILD CARE HOMES DUE TO THE COVID19 EMERGENCY,

| Operator Name: April Glenn | Date of Inspec | ion: 3 11 12 Time of Inspection: 4:00 am |
|--|--|--|
| Permit #: 24304 | Type of Inspection: Renewal Date of Inspection | Up (original inspection date) |
| Address: 1013 Fairfield Drive ANDERS | SON, SC 29621 | Hours of Operation: 24 hours M-F |
| Telephone #: 864-261-3625 | Any changes in contact info (Phone/Email/Fax) | ? rs√es □ No Overnight Care? □ Yes ☑ No |
| Change in address? ☐ Yes ☑ No | Zoning restrictions - Yes - No | 1007 |
| Total Capacity: 6 | Items to be posted: 🗹 Registration | |
| Verify the following: Verified Liability Ins | urance 63-13-210 Pes PNo If no, verify signed | statements from parents. Ýes No |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY) | | A. | 6.2.1. | |
|--|----------|-------------|------------|--|
| | C | N | N/A | |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) | | | | |
| Living room (no excessive clutter, etc.) | <u> </u> | 0 | 0 | |
| Bedrooms (no children unsupervised, guns or drugs, etc) | <u> </u> | | 0 | |
| Sleep Arrangements (no Pack-N-Plays) | 8 | | | |
| Cribs meet CPSC requirements | 8 | | | |
| Bathrooms (no visible mold, etc.) | VE | | | |
| Garage/Shed (secured if harmful items inside) | 4 | | | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | 4 | | | |
| Multiple floor levels? | | □ Yes 🗠 No | | |
| No suffocation /Poisonous hazardous materials around the house | | | | |
| No major structural damages (Holes in floors or walls, etc.) | | | | |
| Pets/Animals? ☐ Yes ☑ No Up to date vaccination records? | | | Ì⊈ | |
| Smoke Detectors/Fire Extinguishers? If not, TA provided ☑Yes ☐ No | b | <u> </u> | | |
| Any serious injuries requiring medical attention? | | □ Yes 12/No | | |
| Any fatalities? | | | □ Yes ⊠∕Ño | |
| DOCUMENTATION | | | | |
| | C | N | N/A | |
| DSS 2909 completed for all enrolled children? | | | | |
| Emergency Preparedness Plan? | | | 0 | |
| Is medication administered? Yes No If yes, is the medication expired? | | | ਰ | |
| Permission forms from parents signed and dated? | | | E | |
| Field Trips? If yes, signed parental permissions forms? Yes No | | | to⁄ | |
| STAFFING & SUPERVISION | | | | |
| | C | N | | |
| Staff observed were qualified? | | | 1 | |
| Training hours up-to-date? 63-13-825 | | | 1 | |
| Is provider over capacity? | | | rNo | |
| Number of children observed: | 178 | | | |

<u>Supervision</u>: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being near and having ready access to children in order to intervene when needed.

Signature of Director/Operator/Designee: (no signature required due to virtual inspection completed)

Signature of Child Care Licensing Specialist:

Date: 3 24 22